

CLAIMS ONLY						Application Number <i>10/678,153</i>	Filing Date	
						Applicant(s)		
						* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend		
1	/		/				51	
2		/		/			52	
3	/			/			53	
4	/			/			54	
5	/						55	
6	/						56	
7	/						57	
8							58	
9							59	
10							60	
11							61	
12							62	
13							63	
14	/		/				64	
15							65	
16							66	
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18							68	
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40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
Total Indep	2		3				Total Indep	
Total Depend	8	←	11	←	←		Total Depend	←
Total Claims	10		14				Total Claims	